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5440A 7500 09/13/2005

AKA CHAN LLP / CISCO
900 LAFAYETTE STREET
SUITE 710
SANTA CLARA, CA 95050

12/13/2005 CNGUYEN1 00000004 10757970

01 FC:1501 1400.00 DP

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Diane Elzingre

(Depositor's name)

Diane Elzingre

(Signature)

December 12, 2005

(M)

APPLICATION NO.	FILING DATE	FIRST NAME OF INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/757,970	01/14/2004	Fausto Meli	CISCP698C1	4230

TITLE OF INVENTION: SHARED VARIABLE GAIN AMPLIFIER FOR WDM CHANNEL EQUALIZATION

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$0	\$1400	12/13/2005
EXAMINER	ART UNIT	CLASS/SUBCLASS			
HELLNER, MARK	3663	359-341300			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).
 Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
 "Fee Address" indication (or "Fee Address" Indication form PTO/SD/47; Rev. 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list
 (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
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1 Aka Chan LLP

2 _____

3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed recondition as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Cisco Technology, Inc.

San Jose, California

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are enclosed:

Issue Fee
 Publication Fee (No small entity discount permitted)
 Advance Order - # of Copies _____

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A check in the amount of the fee(s) is enclosed.
 Payment by credit card. Form PTO-2038 is attached.
 The Director is hereby authorized to charge the required fee(s), or credit any overpayment Deposit Account Number _____ (enclose an extra copy of this form).

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a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.
 b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Gary T. Aka

Date December 12, 2005

Typed or printed name

Gary T. Aka

Registration No. 29,038

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FACSIMILE COVER SHEET

AKA CHAN LLP

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Santa Clara, CA 95050
Tel: 408-701-0035
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Date: December 12, 2005

To: Issue Fee Branch

Fax No.: (571) 273-2885

Re: U.S. Patent Application No. 10/757,970

Filed: January 14, 2004

Applicants: Fausto Meli

Docket No: CISCP698C1

Attorney: Gary T. Aka

Attached:

- 1) Transmittal Form (1 pg);
- 2) PTOL-85 Part B – Fee Transmittal (in dupl.);
- 3) PTO-2038 Credit Card Payment Form (in dupl.).

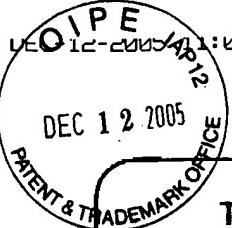
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Signed: Diane Elzibgo
Diane Elzibgo

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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission:

Application Number	10/757,970
Filing Date	January 14, 2004
First Named Inventor	Fausto Meli
Art Unit	3663
Examiner Name	Mark Hellner
Attorney Docket Number	CISCP698C1

PTO/SB/21 (08-04)

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD. Number of CD(s) <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> Alter Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): PTO-85 Part B – Fee Transmittal PTO-2038 Credit Card Payment Form
Remarks In response to the Notice of Allowance and Fees Due mailed September 13, 2005, please make the enclosed of record.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	AKA CHAN LLP		
Signature			
Printed name	Gary T. Aka		
Date	December 12, 2005	Reg. No.	29,038

CERTIFICATE OF TRANSMISSION/MAILING

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Signature			
Typed or printed name	Diane Elzingre	Date	December 12, 2005